

Purpose The QSQ is a 32-item scale designed to assess health-related quality of life in patients with Obstructive Sleep Apnea (OSA). The instrument evaluates the impact of apnea in five different domains: hypersomnolence, daytime symptoms, nighttime symptoms, emotions, and social interactions. Developers Lacasse and colleagues [1] created the questionnaire for use in clinical trials as a method for evaluating treatment-induced changes. It was originally developed and validated in French (French-Canadian). This English version was provided by the authors, which they obtained from a translation/back-translation process.

Population for Testing The scale has been validated for obstructive sleep apnea patients with a mean age of 55 ± 10 .

Administration Requiring between 10 and 15 min for completion, the questionnaire is a self-report, paper-and-pencil measure.

Reliability and Validity Developers Lacasse and colleagues [1] performed an initial psychometric evaluation of the scale and found a test-retest reliability ranging from .82 to .91 and an internal consistency of .68 to .94. The tool was also sensitive to changes in health-related

quality of life induced by treatment with CPAP. In order to allow other researchers to properly interpret changes seen over the course of treatment, developers also calculated minimal clinically important differences for each domain: 1.8 for hypersomnolence, 2.0 for daytime symptoms, 1.5 for nocturnal symptoms, 1.1 for emotions, and 2.5 for social interactions.

Obtaining a Copy The scale is not provided in the original article.

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Scoring Respondents use a seven-point Likert-type scale to answer a variety of questions regarding their experiences with OSA. Scores range from 1 to 7, with higher scores indicating better quality of life. Mean scores can be calculated for each domain, while a total score can also be obtained by averaging scores achieved on all 32 items.

QUEBEC SLEEP QUESTIONNAIRE

This questionnaire has been designed to find out how you have been doing and feeling over the last 4 weeks. You will be questioned about the impact that sleep apnea may have had on your daily activities, your emotional functioning, and your social interactions, and about any symptoms it might have caused.

During the last 4 weeks :		All the time	A large amount of the time	A moderate to large amount of the time	A moderate amount of the time	A small to moderate amount of the time	A small amount of the time	Not at all
1.	Have you had to force yourself to do your activities?	1	2	3	4	5	6	7
2.	Have you disturbed everyone at night while staying with friends?	1	2	3	4	5	6	7
3.	Have you felt like not wanting to do things together with your partner, children or friends?	1	2	3	4	5	6	7
4.	Have you woken up more than once per night to urinate?	1	2	3	4	5	6	7
5.	Have you been feeling depressed?	1	2	3	4	5	6	7
6.	Have you been feeling anxious or fearful about what was wrong?	1	2	3	4	5	6	7
7.	Have you needed to nap during the day?	1	2	3	4	5	6	7

	All the time	A large amount of the time	A moderate to large amount of the time	A moderate amount of the time	A small to moderate amount of the time	A small amount of the time	Not at all
During the last 4 weeks :							
8. Have you been feeling impatient?	1	2	3	4	5	6	7
9. Have you woken up often (more than twice) during the night?	1	2	3	4	5	6	7
During the last 4 weeks :							
10. Have you had difficulty with trying to remember things?	1	2	3	4	5	6	7
11. Have you had difficulty with trying to concentrate?	1	2	3	4	5	6	7
12. Have you been upset about being told that your snoring was bothersome or irritating?	1	2	3	4	5	6	7
13. Have you felt guilty about your relationship with family members or close personal friends?	1	2	3	4	5	6	7
14. Have you noticed a decrease in your performance at work?	1	2	3	4	5	6	7
15. Have you been concerned about heart problems or premature death?	1	2	3	4	5	6	7

During the last 4 weeks, how much of a problem have you had with :	A very large problem	A large problem	A moderate to large problem	A moderate problem	A small to moderate problem	A small problem	No problem
16. Having to fight to stay awake during the day?	1	2	3	4	5	6	7
17. Feeling decreased energy?	1	2	3	4	5	6	7
18. Feeling excessive fatigue?	1	2	3	4	5	6	7
19. Feeling that ordinary activities require an extra effort to perform or complete?	1	2	3	4	5	6	7
20. Falling asleep if not stimulated or active?	1	2	3	4	5	6	7
21. Difficulty with a dry or sore mouth/throat upon awakening?	1	2	3	4	5	6	7
22. Difficulty returning to sleep if you wake up in the night?	1	2	3	4	5	6	7
23. Feeling that you lack energy?	1	2	3	4	5	6	7

During the last 4 weeks, how much of a problem have you had with :	A very large problem	A large problem	A moderate to large problem	A moderate problem	A small to moderate problem	A small problem	No problem
24. Concern about the times you stop breathing at night?	1	2	3	4	5	6	7
25. Loud snoring?	1	2	3	4	5	6	7
26. Difficulties with attention?	1	2	3	4	5	6	7
27. Falling asleep suddenly?	1	2	3	4	5	6	7
28. Waking up at night feeling like you were choking?	1	2	3	4	5	6	7
29. Waking up in the morning feeling unrefreshed and/or tired?	1	2	3	4	5	6	7
30. A feeling that your sleep is restless?	1	2	3	4	5	6	7
31. Difficulty staying awake while reading?	1	2	3	4	5	6	7
32. Fighting the urge to fall asleep while driving?	1	2	3	4	5	6	7

Reference**Representative Studies Using Scale**

1. Lacasse, Y., Bureau, M-P, Sériès, F. (2004). A new standardised and self-administered quality of life questionnaire specific to obstructive sleep apnoea. *Thorax*, 59, 494–499.
- None.